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LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

Vol. XIII. LOUISVILLE, JUNE 17, 1882. No. 24.

J. W. HOLLAND, A.M., M.D., ... } Editors.
H. A. COTTELL, M.D., ... }

THE AMERICAN MEDICAL ASSOCIATION.

The session at St. Paul last week opened with over nine hundred members present. Very early in the order of exercises the secretary read protests from many quarters against the admission of delegates from the State Society of New York. On the second day the Judicial Council reported upon the question as follows:

Having carefully examined the Code of Ethics adopted by the New York State Medical Society at its annual meeting in February, 1882, as furnished by the secretary of said society, we find in said revised Code provisions essentially differing from and in conflict with the Code of Ethics of this Association; and therefore, in accordance with the provisions of the ninth by-law of this Association, decide unanimously that said New York State Medical Society is not entitled to representation by delegates in the American Medical Association.

This was received with great applause. A resolution, offered by Dr. Charles Denison, of Colorado, was referred to the Judicial Council. The substance of it was that misapprehension existed in the minds of many people as to the liberty of action authorized by the Association in the treatment of disease; that rational evidence demands absolute freedom in selecting and administering medicines, and there is nothing in the Code of the American Medical Association prohibiting the use of any known and honorable means in combating disease; that it welcomes every new discovery in healing science; that it therefore rejects the term allopathic as an untrue designation.

After this year the volume of Transactions will be discontinued, and in its place a weekly official journal is to be published, on the plan of the British Medical Journal, paying editorial salaries to the amount of six thousand dollars per annum.

Dr. J. L. Atlee, of Philadelphia, was elected president, and Cleveland chosen as the next place of meeting.

THE NEW DIAGNOSTIC TEST FOR TUBERCLE.

Koch's great discovery has been accepted by medical writers with remarkable unanimity. The "doubting Thomas" who has been putting all manner of significant and embarrassing questions in the Medical Times and Gazette gives place in the last number to a writer of another kidney. This may or may not denote that the skeptical editor has been converted; at all events what the writer says is worth noting.

It appears that at a large assemblage at the rooms of the Royal Medical and Chirurgical Society, on the 23d of May, many interesting specimens of micro-organisms were shown. Among these there was one showing the tubercle bacillus in human sputum. It was prepared by Dr. Ehrlich, assistant in the Medical Clinic, Berlin, according to a method as good as, if not superior to, that of Koch's. "He extracts with a pair of needles a small particle of the sputum, and presses it between two cover-glasses; he then separates the cover-glasses and gets a thin layer of sputum on each. The cover-glasses are allowed to dry in the air; and in order to fix the albumen they are either

kept for an hour at a temperature of 100° C. to 110° C., or they are passed two or three times through the flame of a Bunsen burner. The coloring fluid is then prepared. Water is shaken up with an excess of analin oil and filtered through moistened filter-paper. To the clear fluid so obtained an alcoholic solution of methyl-violet or of fuchsin is added, drop by drop, until the fluid becomes opalescent. The cover-glasses, coated with the dried sputum, are then set swimming in this opalescent fluid, and in fifteen or thirty minutes they will have colored an intense blue and red, according as the violet or fuchsin had been used. Dr. Ehrlich now departs further from Koch's procedure. He does not color the substance in general with vesuvin, but he decolorizes it with strong acids, the bacilli retaining the blue color. One volume of officinal nitric acid is mixed with two parts of water, and the blue-stained preparations are put into this strong acid. In the course of a few seconds the color fades, a yellowish cloud passes across the preparation and leaves it white. Every thing in the preparation of sputum is now decolorized, except the bacilli, which are intensely blue. But the technical difficulties of seeing them are still considerable, and it is further desirable to color the ground substance yellow in the case of a methyl-violet preparation, and blue in the case of a fuchsin preparation. In the specimen of phthisical sputum prepared by Dr. Ehrlich as above, and exhibited on Tuesday last, the bacilli were very numerous, very uniform in size and form, and very distinct, the magnifying power being about nine hundred diameters and the illumination strong. Ehrlich has examined the sputa from twenty-six pronounced cases of phthisis, and he has found bacilli in them all, and most abundantly in acute cases. In most cases the bacilli are found in the very first specimen made, and in the very first field of the microscope. The entire process of drying and coloring may be done in less than an hour. The bacilli were not found in sputa other than phthisical. A friend sent him a specimen purporting to be phthisical sputum, in which Dr. Ehrlich could find no bacilli, and upon inquiry it proved to have come from a case of empyema with perforation of the lung."

It is probable that the mode of preparation may be further simplified, and then the diagnosis of acute phthisis will be made as easily and as accurately by the microscope as Bright's disease is at the present time.

MISCELLANY.

Codeia Better than Morphia.—Dr. J. B. Garrison (Western Med. Reporter) claims that numerous comparative therapeutic tests in his practice with morphia and codeia warrant the following conclusions:

1. That codeia is a greater cardiac stimulant than morphia is indicated by the greater force and volume of the pulse following the administration of the former.

2. It is a more powerful diffusible stimulant, elevating the temperature and exciting the capillaries. Large doses produce an intense itching, with an erythematous redness of the skin, thereby indicating its use in all internal congestions, save perhaps those of cerebral or spinal origin.

3. It does not check the secretions to such an extent as morphia. It is therefore indicated when it is desired to avoid locking up the liver, constipating the bowels, or lessening expectoration.

4. It is greatly less dangerous than morphia, no lethal dose having been recorded, yet so potent an agent should necessarily be exhibited with due caution. Its comparative safety recommends its use in infantile therapeutics where morphia is so rarely tolerated,

5. It is never followed by the intense nausea which so often contraindicates the use of morphia, and frequently no unpleasant after-effects are noticed referable to its exhibition.

6. There is less danger from the induction of the opium-habit from repeated doses than is the case with morphia, which should be a matter of serious consideration in making a choice between the two.

The sulphate is the form to be preferred, because of its ready solubility. The dose is about double that of the sulphate of morphia, but it may be increased with safety to a much greater extent than the latter; the objection to large doses being the excessive itching which it produces, together with the

intense erythema, both of which disappear coincident with the elimination of the medicine.

It is an excellent adjuvant in combination with other anodynes, such as chloral, the bromides, hyoscyamus, and Jamaica dogwood, adding to their efficacy and modifying their action desirably.

THE INFLUENCE OF CERTAIN REMEDIES UPON THE MILK-SECRETION.—As the result of a clinical and experimental investigation, Dr. Max Stumpf, of Munich, gives (*Deut. Arch. für Klin. Med.*) the following as his observations of the effect of certain remedies upon the secretion of human milk:

I. Alterations in quantity of the milk:

1. Iodide of potassium causes a considerable decrease in the total quantity of milk.

2. Alcohol, morphia, and lead do not alter the quantity secreted.

3. Salicylic acid appears to increase slightly the flow of milk.

4. Pilocarpin is not a remedy furthering the milk-secretion.

II. Alterations in the quality:

1. Potassium iodide disturbs the glandular functions so much as to lead to uncertainty as to its qualitative effects.

2. Alcohol and alcoholic drinks increase only the fatty constituents of the milk. As dietetic agents for the purpose of increasing the milk they are therefore to be discarded.

3. Lead, morphia, and pilocarpin scarcely, if at all, affect the quality of the milk.

4. Salicylic acid appears to increase the sugar.

III. Discharge of poisons in the milk:

1. Iodine appears quickly in the milk, and in man rapidly disappears after the discontinuance of its administration, but in the herbivora it is more persistent. As regards the proportion of the iodine discharged in this way, it bears no constant relationship to the dose taken, and varies in different individuals. "The therapeutic application of iodized milk is therefore out of the question." The drug is discharged not in the form of alkaline salt, but in some combination with casein.

2. In the herbivora alcohol does not pass over into the milk.

3. Lead appears only in traces, but remains for several days after the ingestion of the remedy has ceased.

4. Salicylic acid, when given in large doses, appears also in very slight quantity in the milk, in man rather more than in the lower animals.—*Medical Times.*

AN EASY DIFFERENTIAL TEST FOR VARIOUS ALKALOIDS.—Maurice Robin (*La Union Médical*) mixes a particle of the suspected alkaloid intimately with double its weight of pulverized cane sugar, and puts upon the top of the mixture one or two drops of C.P. sulphuric acid. This will give a particular and distinguishing color for nearly all the alkaloids. Muriate of morphia gives a beautiful rose color, passing rapidly to violet, closely resembling a solution of permanganate of potash. Codeia gives a cherry red, afterward violet. It is easy to distinguish codeia from morphia in this way, this being very important, as codeia at present only gives comparatively negative characteristics with the other alkaloids. The same reaction enables us to detect adulteration of codeia with sugar candy and a few other substances. Sulphate of quinine gives a greenish color, afterward clear yellow, then coffee-black surrounded by a yellowish circle. Sulphate of atropia, violet, turning to brown. Strychnia, red color, changing to coffee-black; the same as santonine. Narcotina, a beautiful brown mahogany, very pure and persistent; completely characteristic. Salicin gives a vivid red. Veratria gives a deep green. Sugar of milk will give some of these reactions, but they are less decisive.

MINIMUM DOSES OF IODIDE OF POTASSIUM IN FRONTAL HEADACHES.—Dr. Haley draws attention to the powerful anti-cephalalgic properties of this drug when used in small doses. As a rule, a heavy, dull headache situated over the brows, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food which sometimes approaches to nausea, can be entirely removed in about ten minutes by a two-grain dose of iodide of potassium dissolved in half a wineglassful of water, this being quietly sipped so that the whole quantity is consumed in about ten minutes. This class of headaches seems to have no particular or definite cause, belonging apparently to the class of sympathetic headaches. In many cases the effect of these small doses is simply wonderful, and their great advantage is the rapidity with which they act.—*Australian Med. Journal.*

THE Twenty-fifth Semi-annual Meeting of the Mitchell District Medical Society will be held at Normal College Hall, Mitchell, Ind., Tuesday and Wednesday, June 20 and 21, 1882. The sessions convene at 10 A.M., 2 P.M., and 7:30 P.M.

SALICYLIC ALDEHYD AS AN ANTISEPTIC.—Experiments made some years ago by Pierre Apery showed that the artificial oil of spirea has the power of preserving meat from putrefaction, and that it will also prevent the decomposition of urine. For the former purpose he employed it simply in aqueous solution. More recently he has found that a few drops of the oil dissolved in alcohol and injected into the carotid artery or merely into the mouth, would preserve a corpse for three or four days. The compound appears to be more energetic as an anti-zymotic than its relative, salicylic acid, and probably deserves more attention than it has received in this country. During the late war in Turkey it was employed successfully in surgical practice, and its usefulness has been demonstrated also in private practice. It is said to have been used with satisfactory results in combination with zinc acetate in obstinate cases of blenorrhagia.—*Detroit Lancet.*

INEFFICIENCY OF THYMOL AS AN ANTISEPTIC.—Dr. Edmund Andrews reports, in the Chicago Medical Journal and Examiner, a series of experiments upon the antiseptic properties of thymol, which prove it to be much inferior to carbolic acid as a deodorizer and germicide.

Taking ten vials, he placed in each two grains of beef muscle with thirty-two cubic centimeters of an aqueous solution of thymol (a small quantity of glycerin being added to the water), representing a strength of from $\frac{1}{3000}$ to $\frac{1}{500}$, and examined the solutions for putrid odor and bacteria each day. In no instance was the odor dissipated till the $\frac{1}{2000}$ solution was reached, and this was competent to retard the putridity only up to the third day, bacteria of putrefaction being present in large numbers. The $\frac{1}{500}$ solution deodorized the beef for ten days, but had no effect on the bacteria. A carbolic-acid solution, however, of the same strength, and containing the same quantity of beef, had on the tenth day developed neither bacteria nor putrid odor.

The writer draws from these researches the following practical conclusions:

An antiseptic may retard putrefaction, and thus be somewhat useful, though not sufficiently efficient. Thus a solution of thymol of the strength of $\frac{1}{3000}$ retarded the development of putrid odor until the third day.

The actual surgical use of an antiseptic requires preparations stronger than the minimum solution found efficient in vial or bottle. A solution of one part of thymol in two thousand, for instance, has a slight antiseptic power; but when injected into the complex cavity of a putrescent lumbar abscess, it is further diluted by the secretions within, and such small portions as are at last forced into the deeper recesses are mingled with so large a quantity of putrid pus as to become wholly inefficient. Clinical experience shows that for the purification of such cavities carbolic acid is required in the strength of at least one part in forty, and thymol should be still stronger, though the quantity can be diminished after a thorough depuration of the whole sac has been once effected.

These experiments had already been made by me before I had learned that the Imperial Board of Health of Germany had recently completed a very exhaustive investigation of all the principal antiseptics. Their report says that thymol, instead of being a very strong, is actually one of the very weakest of all antiseptics. They grant it, however, to be somewhat effective in the strength of one part in two thousand. As this report will become a standard authority in the world, I wish to caution the profession against trusting in surgical practice in the minimum strength found effective in laboratory experiments. For the reasons given, the complex pockets of a lumbar abscess, or of a suppurating knee-joint, will not be disinfected by injecting minimum solutions.

INDICATIONS FOR THE USE OF THE BATH. "I think a bath daily would be beneficial in your case," said a physician to a patient. "Well, I don't know, doctor," he feebly replied. "I took a bath once, a year or two ago; I felt better for a while, but it was n't long before I was just as bad as ever, and I have been growing worse ever since." This is almost equal to the French medical writer who objected to bathing because it removed the natural secretions of the skin.—*Boston Jour. of Chem.*

AN Irishwoman needing some silk and some tape, sent her husband for them. The silk was shown, but the buyer thought the price too great. The clerk explained that all silk goods were dear, owing to some disease at this time prevalent among the silkworms. The tape was next examined and the Irishman thought that a little stiff as to price. "And indade, sir," says he, "is there likewoise a dezase a prevalin' among the tape-worms?"—*Obstet. Gazette.*

FLUID ARTIFICIAL DRUM.—D. I. Michael (*Berliner Klin. Wochens.*) observed that in cases of perforation of the ear the hearing was slightly improved after some fluid had been injected into the ear. He made this idea practical by injecting sufficient glycerin into the ear and sealing up the same by means of collodion. This fluid artificial drum lasts generally about eight days, when it is renewed.—*San Francisco West. Lancet.*

DR. GEO. J. COOK, formerly Professor of Anatomy in the Kentucky School of Medicine, left Louisville a few days since to locate in Indianapolis. During a sojourn of some fifteen years in this place, Dr. Cook has won an enviable reputation as a practitioner and teacher in medicine, and made many friends among the profession and the laity, who regret his departure and wish him all success in his new field of labor. We commend him to the guild of our sister city as a surgeon of high professional attainments and a gentleman.

PROTO-LACTATE OF IRON.—We have just received samples of the elixir of the protolactate of iron manufactured by Richardson & Co., of St. Louis, Mo. A more palatable ferruginous elixir could hardly be made, nor is there any salt of iron better fitted for prompt assimilation than the lactate. Supplies of this preparation can be obtained of Messrs. Colgan & McAfee, of this city. See advertisement, page 10.

HEREDITARY LEAD-POISONING.—Dr. Rennert, of Frankfort (*Archiv für Gynakologie*), states that in a village in Hesse, where most of the population are engaged in glazing pottery, and chronic lead-poisoning is quite common, he has noticed a peculiar form of hereditary lead-poisoning, viz. hydrocephalus, or a disproportionate size of the head, without signs of rickets or tendency to convulsions. J. B. M.

AUTOGRAPHIC MEN.—Chomel reports a class of human beings whom he calls "autographic men," who from certain central neuroses present a form of urticaria which shows itself when a slight irritation is applied to the skin. The cuticle may be written upon and retain the character inscribed upon it for some time, through the urticaria so produced. Dujardin-Beaumetz was the first to describe this phenomenon, which is by no means rarely observed.—*Boston Journal of Chemistry.*

OVARIOTOMY IN A GIRL.—Dr. W. O. Furgusson (Med. Bulletin) reports the removal of an ovarian cyst, weighing ninety-nine and two-fifths pounds, from a girl fifteen years of age. The tumor had been tapped at four different times, twenty gallons of fluid in all having been drawn off. When operated on the tumor presented extensive adhesions to the liver, stomach, intestines, and walls of the abdomen. The patient recovered.

Original.

SOME NEW PREPARATIONS OF THE HYPOPHOSPHITES CONTAINING IRON.

BY C. LEWIS DIEHL.*

Several years ago I was requested by a physician to prepare for one of his patients a pleasant combination of the hypophosphites of iron and quinia, if possible, in the form of an elixir, and in as nearly a neutral condition as practicable. After some experiments I succeeded in making a very acceptable preparation—in fact, an elegant elixir, containing in each fluid dram one grain of each of the salts named, in perfectly neutral combination. The successful production of this preparation led me to apply the chemical facts involved to the production of other combinations of hypophosphites containing iron, some of which have been received with decided favor by the physicians whose attention I have been able to invite to them. Thinking that possibly these preparations may merit more extended use, and that at all events they are interesting combinations, I have concluded to make known their formulas and the methods of their preparation in the following:

So much has been written about the hypophosphites, and there is so much diversity of opinion as to the best mode of their exhibition, as well as of their therapeutic value, that I deem it necessary only to briefly note the points that seem to make it desirable that preparations of hypophosphites containing iron should be prepared as below recommended. The preparation of hypophosphites which has found most favor in this country is the so-called "Churchill's syrup of the hypophosphites." Whether Dr. Churchill's original syrup was one containing only hypophosphites of calcium, as seems to me probable, or whether it conformed to one or the other of the formulas for "syrup of the hypophosphites" proposed by Mr. W. S. Thompson, of Baltimore, and by the late Prof. Wm. Proctor, jr.,† I am unable to decide, but this much is certain, that these two formulas have been authoritative for American pharmacists, though it by no means follows that they have been uniformly followed. The two formulas differ essentially only in that Mr. Thompson directs the *ferrous* salt, while Prof. Proctor's formula requires *ferric* hypo-

* Read at the meeting of the Kentucky Pharmaceutical Association, in Covington, May, 1882.

† Parrish's Pharmacy, third edition, 1864, pp. 429, 430.

phosphite. The latter produces a permanent and generally acceptable preparation, the only objection being the presence of free hypophosphorous acid. The preparation of Mr. Thompson, which also contains free hypophosphorous acid, is preferred by some because it contains the iron in the condition of ferrous salt; but the latter is easily changed, and the preparation is therefore not so satisfactory.

In the preparations prepared by me the ferric salt is used, as in Prof. Proctor's formula, but instead of effecting its solution by means of hypophosphorous acid, citrate of potassium is employed, a handsome greenish and perfectly neutral solution being formed. The quantity of the citrate necessary for this purpose is about equal to that of the dry ferric salt, but the latter is preferably prepared freshly and dissolved while still moist. The citrates of ammonia or sodium would answer the purpose of solvent as well as the potassium salt, which was selected only because it is always at hand, and because the ammonium and sodium salts are not known to possess any advantage. For the preparation of the ferric hypophosphite any of the soluble salts of the hypophosphorous acid will answer, but I have selected the hypophosphite of calcium, with ferric chloride as precipitant, for the reason that it is the salt most commonly kept in quantities, and because it is the cheapest. Certain precautions must, however, be observed to secure the perfect precipitation of ferric hypophosphite, for if too much or an insufficient quantity of ferric chloride is added, a portion of hypophosphite remains in solution and is lost during the washing of the precipitate, which must be done with the smallest possible quantity of water. It may be well, therefore, to give particular consideration to the

Preparation of the Ferric Hypophosphite. Dissolve one hundred and fifty grains of the hypophosphite of calcium in four fluid ounces of distilled water, if necessary, by the aid of gentle heat, and filter the solution. To the cold solution carefully add solution of ferric chloride so long as a precipitate is produced. Collect the precipitate upon a close muslin cloth, drain well, and express firmly; then pour upon the magma one fluid ounce of distilled water, and express again The magma may then at once be dissolved by the aid of citrate of potassium.

When precipitating this compound it is best to add the ferric chloride in small portions at a time and to stir the liquid constantly. Then allow the precipitate to subside, so that the supernatant liquid may become clear before adding the next portion of ferric chloride. Toward the last a small portion of the clear supernatant liquid is removed after each addition and tested with diluted ferric-chloride solution, allowing it to stand for several minutes if no immediate turbidity occurs. If the liquid remains clear after several minutes' standing, the precipitation may be regarded as complete, and the straining and washing may go on as above directed. The product is equal to one hundred and twenty-eight grains of dry ferric hypophosphite.

Having thus explicitly given the method of obtaining the magma of ferric hypophosphite, these directions do not need repetition in the formulas for the different preparations given below. As regards its solution by the aid of citrate of potassium, it is only necessary to triturate the magma with the specified quantity of the latter, when partial solution will occur, and complete solution follows upon the addition of water, or of the solution of the other hypophosphites.

I. *Improved Syrup of the Hypophosphites with Iron.* Take of hypophosphite of calcium two hundred and fifty-six grains; hypophosphite of sodium one hundred and ninety-two grains; hypophosphite of potassium, one hundred and twenty-eight grains; ferric hypophosphite (represented in the magma obtained from one hundred and twenty-eight grains of hypophosphite of calcium), ninety-six grains; citrate of potassium, ninety-six grains; white sugar, thirteen troy ounces; orange-flower water, one fluid ounce; distilled water, a sufficiency. Dissolve the calcium, sodium, and potassium hypophosphites in seven fluid ounces of the water, if necessary, by the aid of a gentle heat, and filter the solution. Triturate the magma of the ferric hypophosphite with the citrate of potassium, add the solution of the other hypophosphites, and when complete solution is effected, the orange-flower water and sufficient distilled water to make the whole measure nine fluid ounces. In this dissolve the white sugar, without heat, and filter the resulting syrup through paper. A fluid dram of this syrup contains two grains of the calcium, a grain and a half of the sodium, one grain of the potassium, and three fourths of a grain of the ferric hypophosphite.

II. *Syrup of Hypophosphite of Iron.* Dis-

solve one hundred and twenty-eight grains of ferric hypophosphite (represented in the magma from one hundred and fifty grains of hypophosphite of calcium), by the aid of one hundred and twenty-eight grains of citrate of potassium, in one fluid ounce of orange-flower water, and sufficient distilled water to make the solution measure nine fluid ounces. In this dissolve thirteen troy ounces of white sugar, and filter the resulting syrup. One fluid dram of this syrup contains one grain of the ferric hypophosphite.

III. *Elixir of Hypophosphite of Iron.* In the nine fluid ounces of solution of ferric hypophosphite, obtained as above (II), dissolve four troy ounces of white sugar, and add five fluid ounces of alcohol, in which eight drops of fresh oil of orange have been previously dissolved; then filter. The strength of this is the same as that of the syrup, over which it probably possesses no advantage.

IV. *Elixir of Hypophosphite of Iron and Quinine.* Make a solution of ferric hypophosphite, as under II, but bring it only to the measure of seven fluid ounces, and dissolve four troy ounces of white sugar in it. Triturate one hundred and twenty-eight grains of sulphate of quinine with five fluid ounces of strong alcohol, add a solution of thirty grains of hypophosphite of calcium in one half fluid ounce of distilled water, and shake the mixture occasionally for an hour. Then filter, and wash the filter with sufficient strong alcohol to make the filtrate measure seven fluid ounces. In this dissolve eight drops of fresh oil of orange, add it to the solution of ferric hypophosphite, mix well, and filter. A fluid dram of this elixir contains one grain of the hypophosphite of quinine and one grain of ferric hypophosphite.

V. *Elixir of Hypophosphite of Iron, Quinine, and Strychnia.* This is the above elixir (IV) containing $\frac{1}{128}$ of a grain of hypophosphite of strychnia in the fluid dram, and is made by triturating one grain of sulphate of strychnia with the sulphate of quinine and alcohol, and increasing the quantity of hypophosphite of calcium by one grain.

VI. *Elixir of Calisaya with Hypophosphites.* This is the "elixir of calisaya" proposed by me 1866,* containing hypophosphites in such proportion that two teaspoonfuls represent one teaspoonful of "improved syrup of the hypophosphites with iron" (I). It is therefore necessary to reproduce the formula for the elixir of calisaya, as modified for this purpose.

Take of calisaya bark, twenty-four troy ounces; curaçoa orange-peel, sixteen troy-ounces; coriander, four troy ounces; cinnamon, three troy ounces; cardamom, one and a half troy ounces; anise seed, one troy ounce; cocoa (Baker's), eight troy ounces. Having reduced these ingredients to a moderately fine powder, displace them with a mixture of one volume of strong alcohol and three volumes of distilled water, until two gallons of percolate are obtained.

Meanwhile prepare from six pints of solution of tersulphate of iron, hydrated sesquioxide of iron by the formula of the Pharmacopeia, measure the magma, and add to every four volumes one volume of strong alcohol; then add of this mixture sufficient to the percolate, obtained as above, to deprive it of its cincho-tannic acid. The absence of the latter is readily ascertained by the addition of a drop of muriated tincture of iron to a filtered portion of the liquid, which should not be colored by such addition. Should coloration result, the intensity or faintness will serve as a guide to the further addition of the ferric oxide. As soon as de-tannation is effected, filter the whole through a *double* muslin cloth, express the residue under a press, filter this portion, add to that first obtained, and measure the united filtrate. Add to the residual magma on the cloth sufficient of the above-described mixture of alcohol and water to make, when again expressed and filtered, the united filtrates measure three gallons. Now triturate two fluid drams of fresh oil of orange with four troy ounces of prepared chalk, incorporate this with the three gallons of de-tannated "cinchona liquor," and agitate occasionally for twenty-four hours, and then filter.

The "cinchona liquor" so obtained is just twice the strength of the "elixir of calisaya," above referred to, and when mixed with an equal volume of "improved syrup of the hypophosphites with iron" forms the "elixir of calisaya with hypophosphites."

VII. *Elixir of Calisaya and Hypophosphites with Strychnia* may be made by dissolving one grain of strychnia by the aid of a few drops (or just sufficient) of hypophosphorous acid in one fluid dram of distilled water, and adding sufficient of the above elixir (VI) to make one pint. A dessertspoonful contains $\frac{1}{64}$ grain of strychnia.

LOUISVILLE.

*American Journal of Pharmacy, XL, p. 104.

Correspondence.

INFORMATION WANTED—IRREGULAR PRACTITIONERS.

Editors Louisville Medical News:

I wish to state a few annoying difficulties met with sometimes in practical life and ask how they can best be overcome or avoided. The country is being overrun by a class of practitioners who have just enough medical acquirements to be troublesome to others and dangerous to the community, but not enough to entitle them to the respect or courtesy of the profession. Men who continually pander to the whims, prejudices, and ignorance of the masses, and by the constant use of a few high-sounding technicalities, and by citing the numberless wonderful cures they have effected when the best practitioners had failed, are often enabled to impose upon the people for years and even grow rich by their exorbitant charges, when if their gas-bags were punctured by ever so small a bodkin they would appear as small to those who employ them as they do to the well-informed members of the fraternity. Now one often feels at a loss when thrown in contact with such pretenders, because he neither wishes to share their honors nor be held responsible for their mistakes. He feels that if he exposes their blunders, it will be attributed to envy, and if he condones them he will feel as if he was *particeps criminis* in their malpractice; and hence he will often find himself in a strait, not willing to take hold of either horn of the dilemma. A case or two will show more fully the nature of the troubles of which I speak, and also indicate the mental caliber of a class of country doctors who make the people think that the science and practice of medicine would be threadbare without them.

I was once called in great haste to see a woman some twelve miles distant from my town, who, it was said, had been in labor thirty-six hours or more. I reached the place at two o'clock A.M. Was met at the gate by the practitioner-in-charge, a would-be gynecologist, who boasted the honor of having delivered the incredible number of two thousand six hundred and sixty-two women without serious mishaps! His personal appearance told me at a glance that a regular siege was in progress and that he was determined to hold the fort whatever line of attack might be inaugurated. His coat was off—sleeves rolled up to his shoulders, collar open, bosom bare, save a heavy covering of hair that nature had furnished (perhaps in his wild state), and the perspiration was pouring off his brow. I asked what the trouble in the case was, but found the doctor non-committal on the subject. Examined the patient and discovered in a moment, without any trouble whatever—for the symptoms and condition of things were unmistakable—a case of hydrocephalus; and there this inflated old gas-bag, who boasted such skill as an obstetrician, and who claimed to make this branch a specialty, had been laboring for nearty forty hours in the murderous work of trying to deliver her with forceps! And even after my decision in the matter, persisted in his efforts against my earnest protest. So powerful and determined was he that he actually bent and ruined his forceps. Finally, handing him a trocar from my own case, I insisted on his introducing it, and assured him in the hearing of all present that the delivery would be effected in five minutes. He reluctantly yielded and did what I directed, holding his head in position to receive the full effect of the discharge in his face, which caused him to spew like a buzzard. Of course the delivery followed without further trouble. Up to this time he maintained that the child was living, that he could feel it move, but the sequel showed a considerably advanced state of decomposition.

Another case: A broken femur—plaster of-paris casing put on big enough for the woman to run her hand down inside, past the fracture, to the knee. Patient kept on her back in bed for forty days or more with this thing on. Anchylosis of the knee-joint followed, as a matter of course, which had to be broken up by force. This was called "*false anchylosis*" by the would-be surgeon. I was called to treat this trouble, which I found to be so complete as to require an anesthetic and considerable "elbow-grease" in order to break the strong adhesions of the parts. The result of all this quack surgery is that the poor woman is limping around today on a limb at least two inches shorter than the other, while I am abused and maligned for having performed a duty which any sensible surgeon would approve.

S. N. WALKER, M.D.

BALDWYN, MISS., May 26, 1882.

"IF then we suffer, that too is one of the privileges of our class, as many have found."

Formulary.

TREATMENT OF NASAL CATARRH.

Prof. A. W. Calhoun, in the Atlanta Med. Register, reports a case of nasal catarrh of two years' standing in which the following treatment was employed with satisfactory results;

The discharge was thick, yellow, frequently mixed with blood and scabs, and excoriated the nostrils. The patient was directed to cleanse the nostrils thoroughly with warm salt water twice daily, using both the anterior and posterior nasal douche, and immediately afterward the following, employed in the same way:

℞ Ammonii chloridi..... ℥ iv; 120.00 Gm.;
Aquæ ..... Oj; 500.00 fl.Gm.

Sig. Tablespoonful to douche.

When the nostrils become accustomed to this, use a chlorate-of-potash solution of the same strength; then after a time stop these and alternate between the two following prescriptions:

℞ Glycerini..... fl.℥ ij; 60.00 fl.Gm.;
Acidi tannici—add as long as it will dissolve.

℞ Cupri sulphatis.....
Ferri sulphatis..... } aa ℥ j; 4.00 Gm.;
Aquæ..... fl.℥ ij; 8.00 fl.Gm.

Ft. sol.

Sig. Begin (with each of the above) with five to ten drops in each douche of warm water, and gradually increase strength.

After alternating between the last two for a time, he may use the following:

℞ Iodoform. pulv..... ℥ j; 4.00 Gm.;
Ext. geranii..... gr. x; 0.66 fl.Gm.;
Acid carbolic..... gtt. xv; 0.66 fl.Gm.;
Vaselin..... ℥ j; 30.00 Gm.

Ft. unguentum.

Sig. Saturate absorbent cotton with it and apply up the nostril at night.

CALABAR BEAN IN OBSTINATE CONSTIPATION.

In animals Calabar bean is known to produce tetanus of the intestinal muscular coats, and hence to bring about the forcible expulsion of the contents of the intestine. Dr. Schaefer has upon this ground employed it in obstinate constipation depending on atony of the muscular coats, such as is often observed in women and in old men. The result has justified his expectations, for severe cases have yielded in less than twenty-four hours after administration of the drug. His formula is:

℞ Ext. physostigmatis..... gr. ½; 0.05 Gm.;
Glycerini ..... fl.℥ ijss; 10.00 fl.Gm.

Six drops are to be taken every three hours during the day.—*Berl. Klin. Woch.; Lond. Pract.*

LOTION IN PRURIGINOUS AFFECTIONS.

M. Lailler recommends the following:

Carbolic acid..... 2 parts;
Neutral glycerin..... 5 to 10 parts;
Distilled water..... 100 parts.

It should be applied either by means of compresses soaked in the lotion, or the lotion may be administered by pulverization.—*Med. Times and Gazette.*

Clinical Lectures.

CHANCRE OF THE LIP AND EPITHELIOMA.

BY R. CLEMENT LUCAS, B.S. LONDON, F.R.C.S.
Senior Ass't Surgeon to Guy's Hospital.

Two cases illustrating the resemblance which these two affections often present have lately been attending on the same day, and a careless observer having regard only to the local disease, and ignoring the history and age of the patients, might easily have fallen into serious error. Nor is the diagnosis always easy when no fact is omitted which might influence the conclusion; but in the two cases before us, despite the similarity in appearance, there is corroborative evidence in each case which leaves no doubt as to the nature of the disease. One patient is a man about thirty years of age and unmarried. He has a thickening of the edge of his upper lip slightly to the right of the center. In the middle of this thickening there is a superficial abrasion upon which the secretion and epithelium cake and scale. The whole lip is a little swollen, but if you pinch it between your finger and thumb you feel a hard circular rim to the sore about the size of a sixpence.

Now look at the other man. He is a respectable married man, upward of fifty years of age. He has a superficial sore on his lower lip to the left of the median line. The surface is almost exactly similar to the other man's sore; it is cracked, and has a tendency to scab and scale. It too has a thickened rim, but if you pinch it you find the resistance less than in the other case; but so similar are the sores, that if their positions could be changed I do not think you would be able to distinguish one from the other. Yet one is a cancer, the other the initial stage of syphilitic infection. How, then, can one distinguish them? First, the age and state of life make it probable that the young man's sore is a chancre and the old man's an epithelioma; but thirty is not too young for epithelioma, nor is fifty proof against syphilis, although with age impetuosity yields to discretion. Epithelioma below thirty-five is very rare. Last year I operated upon a man aged thirty-eight for a cancer recurrent in the cheek and glands of his neck, which had been operated on some time before in the country; but this is an exceptional case, and the age is of the greatest importance in aiding our diagnosis. Cancer occurs at the time when the tissues begin to wear out, and epithelioma especially is almost always traceable to long-continued irritation.

Next, the position is a distinguishing mark in these two cases, for epithelioma is rare upon the upper lip. The position of the sore on the old man's lip is almost characteristic; it is just opposite the notch in his teeth made by his pipe. Further, he confessed to having always smoked an unwaxed clay. If mere contact with porous clay is sufficient, after years, to set up cancer, you would conclude that there should be a corresponding sore on the upper lip; but the lower lip suffers most, for owing to the weight of the bowl the lower lip is pressed upon as well as rubbed.

A chancre may occur upon either lip as it results from the virus having come into contact with a chance crack. In many cases it will depend upon whether the person is underhung or overhung; for the lip most exposed is most liable to crack, and at the same time most likely first to meet in an embrace. Hunter maintained that neither the blood

nor any of the secretions could convey the poison, but this is now known to be untrue. His reasoning on this point was most fallacious. If the blood, he argued, could produce syphilitic inflammation in a healthy wound, no subject affected with constitutional syphilis could escape from venereal ulcers; for every time he was bled or he scratched himself with a pin the small wounds thus caused would be transformed into so many chancres. Hunter overlooked the fact that the man's tissues by the inoculation were protected, for the time at least, by re-inoculation, but that to another both blood and secretion might prove contagious. There is abundant evidence now of the contagious nature of the blood during the secondary stage, of the vaccine from a syphilitic infant, and of the pus from the secondary ulcers on the lips; hence there is no need to follow Ricord in his loathsome suggestions that these chancres of the lips were the result always of illicit contact.

The time during which the disease has been developing is another most important consideration in determining its character. The old man states that he has had ulceration, more or less, for five years, but that it is only during the last few months that the lip has caused him inconvenience. The other man counts his trouble by weeks, and gives six weeks as the time since he first noticed the sore. Five years is an exceptionally long history for so small a development of epithelioma, and it is very questionable whether the sore has been epitheliomatous all this time. Rather it is probable that had he left off the irritating cause two or three years ago he might have escaped from the disease from which he is now suffering, for doubtful ulcers distinctly traceable to local irritation will often heal when relieved of the exciting cause. It is now about two years since I saw in consultation with Dr. Orton, of Kensington, an old gentleman who had been condemned by another surgeon for cancer on the inner side of his left cheek. He was suffering from an ugly-looking ulcer with thickened edges, very like an epithelioma, but upon inquiring into the history we found that it had not been noticed more than six weeks or two months, and immediately opposite it we found a tooth stopped with an irregular amalgam stopping. It was clear that the ulcer was excited by the tooth, and I suggested that the tooth should be extracted, after which the ulcer completely healed. Had, however, the irritating cause been allowed to remain for months, it is highly probable that the sore in this old gentleman might have taken on an epitheliomatous character, and the medical man who first saw him would then have been correct in his diagnosis. Thus the time is of great importance in separating an epithelioma from a simple ulcer and from a chancre.

There is a stage in both affections when the glands under the jaw will be found enlarged; and I remember two patients came last year with sore lips, both with short histories and enlarged glands, and I refused to give a positive diagnosis till I had had an opportunity of watching them. One of these developed a syphilitic eruption during the following week, while the other proved to be suffering from an epithelioma growing much more rapidly than the one we have now under consideration. Time will always settle the diagnosis; for it is seldom, unless the patient takes mercury, that the eruption of syphilis is delayed beyond two months. The man before us with a chancre has now upon his arms and trunk a few brownish papules, which place the diagnosis beyond all doubt.—*London Practitioner.*

Selections.

An Aid to Thoracentesis.—Mr. R. W. Parker, in a paper read before the Medico-Chirurgical Society, April the 25th, has described a method he was induced to bring forward by the fact that in certain cases of accumulation of fluid in the pleura great difficulty is experienced in withdrawing it by means of the aspirator. . . .

As we understand it, his argument is as follows: When fluid accumulates in a pleural cavity the space which it occupies can only be formed as a consequence of certain changes of position in the boundaries and contents of the thorax—viz. an expansion of the chest-walls, a descent of the diaphragm, a compression of the opposite lung and pushing over of the heart, and a collapse of the lung upon the affected side. Now, when the fluid is withdrawn by means of a single puncture, most of these elements can regain their normal condition; but not all. Thus the chest-wall can again recede, the diaphragm can ascend (but only to its normal position in extreme expiration), the opposite lung can expand, and the heart may thus reach its natural position; but the lung of the affected side is in many cases not in a condition to regain its full size—the prolonged collapse, or tying down, having destroyed to some extent its capacity for expansion. Consequently there comes of necessity a point in the course of aspiration, if carried too far, when no more fluid can be extracted without something being made to enter in its place. In the natural course of things this can only be either blood from ruptured vessels, ordinary transudations, and renewed formation of pus, or air more or less rarefied as a result of osmosis through the walls of the air-vesicles. On physical grounds no exception can be taken to this argument, and, following it further, Mr. Parker maintains that in some cases, especially of chronic pleurisy, the boundaries of the pleura may all become so rigidly fixed in their unnatural position that little or no fluid can be withdrawn at all by the use of the aspirator; and it was for dealing especially with the latter class of cases that he brought forward his suggestion, although, if we understand him rightly, he is not indisposed to extend its application to others. The suggestion is to introduce at another part of the chest a needle connected with an arrangement of tubes, by means of which air, which has been previously carbolized, can be forced at any required pressure (the pressure to be gauged by a manometer) into the pleural cavity. It needs no demonstration to prove that if this be done, and if the point of the canula be kept beneath the level of the fluid, and does not become plugged, it will be possible to withdraw the last drop of absolutely fluid matter as far as any physical difficulties are concerned.

This is the statement of the case; the question of its utility is fairly open to argument, and can actually only be decided by an appeal to experience. For example, in the case of a serous effusion it is held by many that it is not wise to remove the whole of the fluid, which, indeed, we have shown by ordinary methods is impossible; and these may well maintain that nothing could be gained by substituting carbolized air for the residual serum. To this Mr. Parker will reply by an appeal to his successful second tapping in a chronic case, which was not followed by reaccumulation, although the first tapping, conducted in the usual way, had failed; and he will add, air is lighter

than water, can probably be more quickly absorbed, and can equally easily be withdrawn if deemed advisable. But, we repeat, all this is matter to be settled by experience and not from *à priori* reasoning.

If, again, we turn to the case of empyema, many hold—and with great reason—that when once pus has formed it had better be evacuated by means of free incision, which obviously lets plenty of air into the cavity to allow of the escape of the fluid. But, on the other hand, it is perfectly justifiable to reply, there are many cases on record in which simple aspiration, repeated once or twice, has cured the patient, even when, as our argument has shown, pus remained on each occasion in the chest, which the pleural cavity has somehow had to make way with; *à fortiori*, then, if you can get *all* the pus out, and thus leave the pleura in a state, not of tension, but rather of the opposite, may it not happen that, as in the case of an ordinary abscess, when tension is completely removed, serum only will be effused, a material which the pleura will obviously find much more easy to deal with than pus. This, we think, is the problem which Mr. Parker has put before us: it is a new thing, and it would be unwise to pronounce an opinion at the present time very strongly in its favor; but it is rash indeed to condemn a suggestion which has certainly something in it, and may have perhaps a wider bearing than even its author is disposed to assign to it.—*Med. Times and Gazette.*

Iodoform at Prof. Billroth's Clinic.—Dr. W. T. Belfield writes from Vienna to the Chicago Med. Journal:

Billroth has no horror of iodoform. Since April, 1881, this substance has constituted the staple dressing for *all* wounds in his immense clinic. He had last year two fatal cases of poisoning—both scrofulous children. In one case forty grams of crystals were poured into a large cavity in the hip after evacuation of pus; in the other, one hundred and twenty grams were placed in the wound after resection of the head of femur. Thereupon he modified the mode of application so as to reduce to a minimum the quantity applied. He now employs not crystals, but powder, which is applied to a given surface either by means of a pepper-box, or is dusted on from cotton. If union by first intention is designed, the wound is then closed with carbolized silk sutures; if small, and hence likely to discharge but little, the seam is simply covered with cotton (dusted over with iodoform), over which is laid a water-tight covering—Mackintosh, for example—and a simple bandage; if the wound be large and promises profuse suppuration, iodoform gauze is applied in the same way as carbolized gauze after Lister. This iodoform gauze is very simply prepared by pouring the necessary amount of iodoform powder into a basin, and then rubbing thoroughly around in the powder, laundress fashion, a piece of suitable, large, meshed cloth. In this way from ten to twenty per cent of the weight of the bandage is found to consist of iodoform—a bandage which in Billroth's clinic has supplanted Lister's.

In mucous cavities he uses a gauze prepared with gelatine, and containing thirty to fifty per cent, in order to compensate for the loss consequent on constant movement and irrigation of surfaces. For fistulæ in ano, for the nose, uterine cavity, etc., he makes suppositories of iodoform and gum arabic, with or without glycerin, according to the consistence required. For irrigation of mucous membranes (bladder), and for subcutaneous injections, a suspension of iodoform in glycerin (one to ten) or in ether (one to five) is employed.

The first bandage is usually removed the fourth or fifth day, though sometimes allowed to remain ten, twelve, even fourteen days. Since granulations after long iodoform dressing are apt to be flabby, a stimulating salve or wash (arg. nit. one to one hundred) is usually substituted as soon as the surface is observed to be covered with granulations. Usually, two or three bandages are sufficient to secure this result. Since iodoform is not soluble in convenient menstrua, Billroth still uses carbolized solutions for disinfection of hands, sponges, instruments, etc.

Without entering into details as to results, let me say that the condition of the patient after iodoform dressing is, with rare exceptions, afebrile, painless; the wound is aseptic, secretes but little, and heals as rapidly as by any other method.

Nothing could present the happy results more forcibly than the statistics of Billroth's operations for extirpation of carcinomatous tongues. Between 1871 and 1876 the mortality was thirty-two per cent; in 1877–1880 (fifty-three cases), with irrigations of pot. permanganate solutions, eighteen per cent; between April and October, 1881, he performed the operation eighteen times, with the same operative technique as before, but with iodoform dressing; result, eighteen *recoveries*. The course of the recovery presented in no case unfavorable symptoms. Billroth himself ascribes the extraordinary success largely to iodoform. The dressing consisted simply in a piece of iodoform gauze fifteen to twenty centimeters long, containing about one gram of iodoform, rolled up so as to form a tampon, and pressed into the wound. The tampon was generally renewed in from five to eight days after the operation.

Chloroform-water.—In an article in the *Gazette des Hôpitaux* attention is drawn to a highly useful preparation of chloroform for internal use, made by the simple addition of water, and one which will favor the more extended employment of this useful agent. Profs. Lasègue and Regnauld have shown, after due investigation of the subject, that this is the only preparation to be relied upon, and that the solubility of chloroform in water does not exceed nine per thousand. This solution is obtained by pouring an excess of this substance into a bottle three parts full of distilled water, shaking the mixture repeatedly, and then allowing the insoluble chloroform to deposit until complete transparency is obtained. The separation of the saturated solution is then made by decantation, or by means of a syphon. This, however, being too strong for internal use, requires dilution with nine per thousand of its weight of water. Various salts (as chlorate of potash, borate, bicarbonate, and salicylate of soda) may be dissolved in this water without producing any modification; and Profs. Lasègue and Regnauld are of opinion that chloroform-water, either pure or diluted, will meet every need of the internal administration of this substance. Giving a pleasant taste in the mouth, which lasts for a minute or two, it is well calculated to disguise the unpleasant taste of various medicines, as castor oil, etc.; and by the direct action which it exerts on the mucous membranes and other surfaces with which it comes in contact, it may prove useful in certain affections of the mouth, gums, teeth, velum, and pharynx. Swallowed, it exerts a stimulant action on the stomach, but it acts differently according as it is taken

before, during, or after a meal, and according to the lapse of time that has intervened between taking the meal and the absorption of the chloroform. Given before a repast, in aid of the appetite, the chloroform-water is a bad agent; but given after a meal, whether alone or combined with an alcoholic wine and sweetened, it increases the stimulant properties of the wine or produces the same effects.

Wherein this water enjoys an incontestable efficacy which is proper to it, is when it is administered for combating the multiple affections which supervene during the course of digestion and produce its disturbance. Its maximum therapeutical action is obtainable three or four hours after the meal, when functional disturbances exhibit themselves by yawning, distension, gaseous eructations, a sense of epigastric pressure or heaviness, flushings of the face, and threatenings of vertigo. But in a higher degree still, when the digestive disturbances are manifested by acute lancinating pains of the stomach, oppression, palpitations of the heart, fleeting febrile action, dryness of the mouth, painful tympanites, etc., the action of the chloroform-water is injurious, this period of the indisposition being ill-suited for any stimulant whatever. In a word, the chloroform-water acts on the stomach in the same calming way as upon the interior of the mouth, and if it do not cure the affection, at least it attenuates its consequences.

It is the remedy for the crisis, but not dispensing with the requisite principal treatment. It is a remedy eminently suitable as an efficient calmant of the sufferings which ensue from painful digestion in dilatation of the stomach.—*Med. Times and Gazette.*

Calcium Sulphide as a Remedy in Smallpox.—In a report made recently before the New York Therapeutical Society, the value of calcium sulphide as an anti-suppurative is attested by reports from a number of practitioners throughout the country; particularly has the drug proved to be useful in acute suppurative diseases of the skin. Dr. Bingham, of Vermont, has used it in all pustular diseases of the skin, and says the best results were obtained in the acute affections. In fact, there seems to be no form of suppurative disease that is not benefited by the administration of the drug; and in some of the cases reported there was an immediate arrest of the suppuration. Is it not possible, then, that the drug might be useful in modifying the pustular stage of smallpox; or if given early enough, of aborting the disease altogether? The report above alluded to does not mention that it has ever been used in this disease. Would it not be well to give it a trial?—*R. A. Jamieson, M.D., in Detroit Lancet.*

Pilocarpin in Edema Glottidis.—The *Lyon Médical* gives a case in which pilocarpin was experimentally administered. The first injection of one centigram (one sixth of a grain) of the nitrate produced speedily slight perspiration, abundant salivation, and vomiting of a large quantity of muco-pus. The dyspnea rapidly diminished. Two days after an injection of two centigrams (one third of a grain) produced similar effects. The urine then became almost normal, free from albumen and from casts, which it had before contained. Dr. Sorel found that pilocarpin failed to produce sweating or salivation in patients suffering from cardiac dropsy who had been already treated with digitalis. He suspects an antagonism between the two drugs.—*Lond. Pract.*

The Physiological Action of Blood-letting. The unquestionable effect of local depletion in relieving some forms of inflammation seems to have been confirmed and explained by the late researches of Dr. Genzmer, of Halle (*Centr. f. d. Med. Wiss.*). This observer has found that when inflammation has been set up in the web of the frog's foot in the usual way—say by means of a hot wire or by caustics—and the process is watched under the microscope, it is possible to remove the stasis, to empty the blocked vessels, and so far to relieve the inflammation by applying a leech to the limb of the animal between the lesion and the heart. The actual phenomena attending the resolution of the inflammatory process prove, however, to be the very opposite of what might have been expected. Instead of producing anemia of the affected area, leeching leads to hyperemia of the part by drawing the blood from the blocked vessels, and allowing a full and rapid stream to flow once more through them. Thus the leucocytes, clinging to the walls previous to diapedesis, are swept away in the blood-current, and one of the elements of inflammation is rapidly removed. But the abstraction of blood causes more than simple resolution. It is manifest that the free influx of blood into the inflamed area—that is, the hyperemia—must restore the nutrition of the part, the reduction of which constitutes another of the factors of inflammation. Whether or not the leucocytes which may have escaped from the circulation into the tissues pass back into the vessels, Dr. Genzmer is unable to say. Results similar in kind, but less marked in degree, followed scarification, instead of leeching, between the inflammatory focus and the heart. Distant venesection produced a decidedly less distinct influence.

The results of these observations are decidly valuable, but their importance must not be exaggerated. In the first place, as Dr. Genzmer remarks, they account for the effect of leeching *above* the seat of inflammation, not *at* or *over* it; secondly, they can not be said to apply to venesection in visceral inflammations; and thirdly, they do not explain the action of leeching or of venesection in the cases where these measures are clinically practiced with most success; for example, in cardiac distress or in uremia. It is possible that the antiphlogistic action of a poultice in inflammation may be the same as the local effect of leeching which has just been described—namely, the reduction of stasis and the promotion of a free flow of blood through the damaged tissues.—*Medical Times and Gazette.*

Inversion of the Uterus.—Dr. Donovan (Brit. Med. Journal) reports the following case: I saw Mrs. T. on the night of March 2d. She had been delivered two hours previously, the placenta being retained. The midwife removed it, but in doing so pulled down the uterus along with it. On my arrival I found that my assistant (who had been called to the case, and seeing its nature sent for me at once) had by compressing the inverted mass controlled the hemorrhage, which had been serious. I found the woman almost pulseless, and fearing the delay likely to arise if I attempted to reinvert, I returned the uterus *en masse*, and then reinverted it by making steady pressure against the fundus for a short time. Under a steady and not too great pressure reinversion took place gradually. The woman made a rapid recovery without a bad symptom, and is now going about.

MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

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MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
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We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

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MALTINE is prescribed by the most eminent members of the Medical Profession in the United States, Great Britain, India, China and the English Colonies, and is largely used at the principal Hospitals in preference to any of the Extracts of Malt.

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MANACA.

FRANCISCEA UNIFLORA.

The nature of the reports received from our special representative sent to explore the materia medica of Brazil, led us to originally undertake the introduction of this drug to scientific notice in the United States; and it has been received with so much appreciation by the medical profession, that we feel justified in calling special attention to it as an agent well worthy of investigation.

Manaca is highly regarded by the Brazilians as an ANTISYPHILITIC, and as a remedy in SCROFULA and RHEUMATISM. The whole plant, but especially the root, of which we are preparing a fluid extract, is said to powerfully excite the lymphatic system, eliminating morbid matters by the skin and kidneys. In small doses it appears to act as a resolvent; in larger, purgative, diuretic, and emmenagogue. In large doses it is an acrid poison.

We are furthering the investigation of the drug by our "Working Bulletin"* system, and samples have been sent for test to the hospitals and dispensaries throughout the country, and to the profession at large, to secure the results of its use in hospital and private practice. We shall be most happy to receive reports from the medical profession, with regard to the therapeutic value of Manaca, favorable or otherwise. That it is a powerful drug there can be no manner of doubt, and it is so well spoken of that its investigation promises a valuable addition to our materia medica.

Preparation—Extractum Manacæ Fluidum. Dose—5 to 20 minims.

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JAMAICA DOGWOOD.

PISCIDIA ERYTHRINA.

The extensive investigations of the physiological actions of this valuable narcotic agent which we have been so instrumental in bringing to the notice of the medical profession in the United States, in the hands of that distinguished investigator, Professor Ott, would seem to point it to a special position as a therapeutic agent of peculiar value. Dr. Ott says that Jamaica Dogwood, like morphia, produces sleep, and that the sleep produced by Piscidia resembles in feeling that produced by bromide of potassium. In his experiment on himself, he took half a teaspoonful of the fluid extract, and soon became drowsy. The pupil was dilated. In about three hours the effect passed off, and he felt as well as ever, having no nausea, or the peculiar shaking up of the nerves that ensue after opium. From his numerous experiments with regard to the physiological action of this drug, Dr. Ott is of the opinion that in Jamaica Dogwood we possess a powerful narcotic agent, without the disagreeable after effects of opium. Like morphia it stimulates the vasomotor center, but it does not contract the pupil; and though it possesses with belladonna the power of dilating the pupil, it differs from it materially in its action. It can not therefore be classed with either of these drugs, and must be given a special place of its own.

It is hardly to be supposed that in all cases Jamaica Dogwood will act in the pleasant manner noted in the report of Dr. Ott. It is well known that nearly all drugs under certain conditions of the system produce untoward, or side effects, and disagreeable sequelæ. This is true with regard to opium, bromide of potassium, chloral, belladonna, and the rest of the list of narcotics. It is therefore a question to be solved by clinical experience, which drug produces the best effect, with the least amount of untoward effect, or unpleasant sequelæ. We therefore call the attention of the profession to Jamaica Dogwood, that its true value may be ascertained in this respect. A "Working Bulletin"* containing the results of the investigations of Ott, and others, has been sent out by our scientific department, and will be forwarded to the address of any one who will apply for the same.

Preparation—Extractum Piscidiæ Erythrinæ Fluidum. Dose—1½ to 2 fluid drams.

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*WORKING BULLETIN, a pamphlet containing the botanical description of *each plant*, with chemical, microscopical, physiological, therapeutical investigations, etc., etc. Sent free by mail on application.